



REVISION / PLAN AMENDMENT

For New Single Family or "Other" Residential type permit projects
City of Carmel; Department of Community Services

Permit has been issued: _____ Yes _____ No.		If yes, PERMIT #: _____	
BUILDER of RECORD:	NAME:	PHONE:	FAX:
	STREET ADDRESS:	CITY:	STATE: ZIP:
	BUILDER'S EMAIL ADDRESS:	BEST METHOD OF CONTACT:	
LOCATION & PROJECT INFO:	LOT #:	SUBDIVISION NAME:	SECTION:
	ADDRESS OF CONSTRUCTION:		
NEW SQUARE FOOTAGE OR AREA AFFECTED BY REVISION:	NEW ESTIMATED COST OF CONSTRUCTION:	NEW FOUNDATION TYPE: <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> POST & BEAM <input type="checkbox"/> BASEMENT (Walkout __Y __ N)	
IF PLANS FOR REVISION/AMENDMENT ARE PART OF THE MASTER PERMIT PROGRAM; NAME OF MODEL AND REFERENCE #/ID OF PLAN SPECIFICATIONS FOR THIS WORK:			

DESCRIPTION OF REVISION: _____

NEW DESIGNATION OF AREA OF WORK SQUARE FOOTAGE:

BASEMENT (Finished and Unfinished)	1 st Floor	2 nd Floor	3 rd Floor	Front Porch	Rear Porch or Sunroom	Total Sq. Ft. of Garages	TOTAL

For Single Family and Two Family dwellings, additions, remodels, and/or accessory structures, this permit is valid only if construction commences within 180 days of the date of issuance of the building permit, and must be completed (Certificate of Occupancy issued) within 18 months of the issuance date. Class I structure permits are subject to the General Administrative Rules of the State of Indiana (See 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana, and the "Zoning Ordinance of Carmel Indiana - 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq, General Assembly of the State of Indiana, and all Acts amendatory thereto. I also certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify, under the penalties of Perjury (Indiana Code 35-44-2-1) that all of the information I have provided in this Application and other documentation is true and accurate to the best of my knowledge and belief, and that I have not knowingly or intentionally provided or omitted any information that would tend to hide, obscure, or otherwise mislead the Dept. of Community Services regarding the truth of the matters addressed. I also agree that the construction will not be used or occupied until a *Certificate of Occupancy* has been issued by the Department of Community Services, Carmel, Indiana.

Signature of Owner or Authorized Agent _____ Print _____ Date _____

OFFICE USE ONLY: *****

NEW INSPECTIONS REQUIRED:

Upper Footing Lower Footing Under Slab
Rough In Meter Base Final Site

PLAN AMENDMENT/REVISION FEE: _____

ADDITIONAL SQUARE FOOTAGE: _____

NEW INSPECTIONS REQUIRED: _____
(If additional inspections other than what already remain on the existing permit are required.)

TOTAL: _____

Reviewed/Approved: Dept. of Community Services (Date)
S:Permits/Forms/Plan Amend Residential

Fee Received by: _____ Date _____